

HOUSE BILL No. 1297

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-23-1; IC 25-23.2.

Synopsis: Interstate nurse licensure compact. Adopts the interstate nurse licensure compact to allow a registered nurse or licensed practical nurse who is licensed in another state that is a party to the compact to practice nursing in Indiana. Provides that the state board of nursing administers the compact. (The introduced version of this bill was prepared by the health finance commission.)

Effective: July 1, 2002.

Welch, Brown C, Dillon, Borrer

January 14, 2002, read first time and referred to Committee on Public Health.

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Introduced

Second Regular Session 112th General Assembly (2002)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2001 General Assembly.

HOUSE BILL No. 1297

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 25-23-1-1.1 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.1. (a) As used in this
3 chapter, "registered nurse" means a person who holds a valid license
4 issued:

5 (1) under this chapter; or

6 (2) **by a party state (as defined in IC 25-23.2-1-11)**; and
7 who bears primary responsibility and accountability for nursing
8 practices based on specialized knowledge, judgment, and skill derived
9 from the principles of biological, physical, and behavioral sciences.

10 (b) As used in this chapter, "registered nursing" means performance
11 of services which include but are not limited to:

12 (1) assessing health conditions;

13 (2) deriving a nursing diagnosis;

14 (3) executing a nursing regimen through the selection,
15 performance, and management of nursing actions based on
16 nursing diagnoses;

17 (4) advocating the provision of health care services through

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collaboration with or referral to other health professionals;

(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;

(6) teaching, administering, supervising, delegating, and evaluating nursing practice;

(7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or

(8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.

(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:

(1) deriving a nursing diagnosis;

(2) identifying the need for additional data collection by nursing personnel; and

(3) identifying the need for additional data collection by other health professionals.

(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion activities which include meeting or assisting with self-care needs, counseling, and teaching.

(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.

SECTION 2. IC 25-23-1-1.2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter **or by a party state (as defined in IC 25-23.2-1-11)** and who functions at the direction of:

(1) a registered nurse;

(2) a physician with an unlimited license to practice medicine or osteopathic medicine;

(3) a licensed dentist;

(4) a licensed chiropractor;

(5) a licensed optometrist; or

(6) a licensed podiatrist;

in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.

SECTION 3. IC 25-23-1-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) The board shall do the following:



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(1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.

(2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.

(3) Provide for surveys of such programs at such times as it considers necessary.

(4) Accredite such programs as meet the requirements of this chapter and of the board.

(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.

(6) Examine, license, and renew the license of qualified applicants.

(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.

(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.

(9) Adopt rules under IC 4-22-2 that do the following:

(A) Prescribe standards for the competent practice of registered, practical, and advanced practice nursing.

(B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.

(10) Keep a record of all its proceedings.

(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.

(12) Notify each registered nurse and licensed practical nurse residing in Indiana when final rules concerning the practice of nursing are published in the Indiana register.

(13) Administer the interstate nurse licensure compact under IC 25-23.2.

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.

(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:

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- 1 (A) Recommendation of rules necessary to carry out the duties
 2 of the board.
 3 (B) Recommendations concerning educational programs and
 4 requirements.
 5 (C) Recommendations regarding examinations and licensure
 6 of applicants.
 7 (3) Appoint nurses to serve on each of the ad hoc subcommittees.
 8 (c) Nurses appointed under subsection (b) must:
 9 (1) be committed to advancing and safeguarding the nursing
 10 profession as a whole; and
 11 (2) represent nurses who practice in the field directly affected by
 12 a subcommittee's actions.
 13 SECTION 4. IC 25-23-1-11, AS AMENDED BY P.L.236-1999,
 14 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2002]: Sec. 11. (a) Any person who applies to the board for a
 16 license to practice as a registered nurse must:
 17 (1) not have:
 18 (A) been convicted of a crime that has a direct bearing on the
 19 person's ability to practice competently; or
 20 (B) committed an act that would constitute a ground for a
 21 disciplinary sanction under IC 25-1-9;
 22 (2) have completed:
 23 (A) the prescribed curriculum and met the graduation
 24 requirements of a state accredited program of registered
 25 nursing that only accepts students who have a high school
 26 diploma or its equivalent as determined by the board; or
 27 (B) the prescribed curriculum and graduation requirements of
 28 a nursing education program in a foreign country that is
 29 substantially equivalent to a board approved program as
 30 determined by the board. The board may by rule adopted under
 31 IC 4-22-2 require an applicant under this subsection to
 32 successfully complete an examination approved by the board
 33 to measure the applicant's qualifications and background in the
 34 practice of nursing and proficiency in the English language;
 35 and
 36 (3) be physically and mentally capable of and professionally
 37 competent to safely engage in the practice of nursing as
 38 determined by the board.
 39 The board may not require a person to have a baccalaureate degree in
 40 nursing as a prerequisite for licensure.
 41 (b) The applicant must pass an examination in such subjects as the
 42 board may determine.

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(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.

(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:

- (1) has completed the English version of the Canadian Nurse Association Testing Service Examination;
- (2) achieved the passing score required on the examination at the time the examination was taken;
- (3) is currently licensed in a Canadian province or in another state; and
- (4) meets the other requirements under this section.

(e) Each applicant for examination and registration to practice as a registered nurse shall pay a fee set by the board. The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state. Payment of the fee or fees shall be made by the applicant prior to the date of examination.

(f) Any person who holds a license to practice as a registered nurse in:

- (1) Indiana; or
- (2) **a party state (as defined in IC 25-23.2-1-11);**

may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

(g) Any person holding a license or certificate of registration to practice nursing as a registered nurse issued by the board which is valid on December 1, 1971, shall be considered to be licensed as a registered nurse under this chapter.

SECTION 5. IC 25-23-1-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:

- (1) not have been convicted of:
 - (A) an act which would constitute a ground for disciplinary



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1 sanction under IC 25-1-9; or

2 (B) a crime that has a direct bearing on the person's ability to
3 practice competently;

4 (2) have completed:

5 (A) the prescribed curriculum and met the graduation
6 requirements of a state accredited program of practical nursing
7 that only accepts students who have a high school diploma or
8 its equivalent, as determined by the board; or

9 (B) the prescribed curriculum and graduation requirements of
10 a nursing education program in a foreign country that is
11 substantially equivalent to a board approved program as
12 determined by the board. The board may by rule adopted under
13 IC 4-22-2 require an applicant under this subsection to
14 successfully complete an examination approved by the board
15 to measure the applicant's qualifications and background in the
16 practice of nursing and proficiency in the English language;
17 and

18 (3) be physically and mentally capable of, and professionally
19 competent to, safely engage in the practice of practical nursing as
20 determined by the board.

21 (b) The applicant must pass an examination in such subjects as the
22 board may determine.

23 (c) The board may issue by endorsement a license to practice as a
24 licensed practical nurse to an applicant who has been licensed as a
25 licensed practical nurse, by examination, under the laws of another
26 state if the applicant presents proof satisfactory to the board that, at the
27 time of application for an Indiana license by endorsement, the applicant
28 possesses credentials and qualifications that are substantially
29 equivalent to requirements in Indiana for licensure by examination. The
30 board may specify by rule what shall constitute substantial equivalence
31 under this subsection.

32 (d) Each applicant for examination and registration to practice as a
33 practical nurse shall pay a fee set by the board. The board may set a
34 proctoring fee to be paid by applicants who are graduates of a state
35 accredited school in another state. Payment of the fees shall be made
36 by the applicant before the date of examination.

37 (e) Any person who holds a license to practice as a licensed
38 practical nurse in:

39 (1) Indiana; or

40 (2) a party state (as defined in IC 25-23.2-1-11);

41 may use the title "Licensed Practical Nurse" and the abbreviation
42 "L.P.N.". No other person shall practice or advertise as or assume the

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1 title of licensed practical nurse or use the abbreviation of "L.P.N." or
 2 any other words, letters, signs, or figures to indicate that the person
 3 using them is a licensed practical nurse.

4 SECTION 6. IC 25-23-1-27 IS AMENDED TO READ AS
 5 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 27. A person who:

6 (1) sells or fraudulently obtains or furnishes any nursing diploma,
 7 license or record;

8 (2) practices nursing under cover of any diploma or license or
 9 record illegally or fraudulently obtained or assigned or issued
 10 unlawfully or under fraudulent representation;

11 (3) practices nursing as a registered nurse or licensed practical
 12 nurse unless ~~duly~~ licensed to do so under this chapter **or under**
 13 **IC 25-23.2;**

14 (4) uses in connection with ~~his~~ **the person's** name any
 15 designation tending to imply that ~~he~~ **the person** is a registered
 16 nurse or a licensed practical nurse unless ~~duly~~ licensed ~~so~~ to
 17 practice under this chapter **or under IC 25-23.2;**

18 (5) practices nursing during the time ~~his~~ **the person's** license
 19 issued under this chapter **or under IC 25-23.2** is suspended or
 20 revoked;

21 (6) conducts a school of nursing or a program for the training of
 22 practical nurses unless the school or program has been accredited
 23 by the board; or

24 (7) otherwise violates this chapter;

25 commits a Class B misdemeanor.

26 SECTION 7. IC 25-23.2 IS ADDED TO THE INDIANA CODE AS
 27 A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 28 2002]:

29 **ARTICLE 23.2. INTERSTATE NURSE LICENSURE**
 30 **COMPACT**

31 **Chapter 1. Definitions**

32 **Sec. 1. The definitions in this chapter apply throughout this**
 33 **article.**

34 **Sec. 2. "Adverse action" means a home or remote state action.**

35 **Sec. 3. "Alternative program" means a voluntary,**
 36 **nondisciplinary monitoring program approved by a nurse licensing**
 37 **board.**

38 **Sec. 4. "Coordinated licensure information system" means an**
 39 **integrated process for collecting, storing, and sharing information**
 40 **on nurse licensure and enforcement activities related to nurse**
 41 **licensure laws, which is administered by a nonprofit organization**
 42 **composed of and controlled by state nurse licensing boards.**



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1 **Sec. 5. "Current significant investigative information" means:**

2 (1) investigative information that a licensing board, after a
3 preliminary inquiry that includes notification and an
4 opportunity for the nurse to respond if required by state law,
5 has reason to believe is not groundless and, if proved true,
6 would indicate more than a minor infraction; or

7 (2) investigative information that indicates that the nurse
8 represents an immediate threat to public health and safety
9 regardless of whether the nurse has been notified and had an
10 opportunity to respond.

11 **Sec. 6. "Home state" means the party state that is the nurse's**
12 **primary state of residence.**

13 **Sec. 7. "Home state action" means any administrative, civil,**
14 **equitable, or criminal action permitted by the home state's laws**
15 **that are imposed on a nurse by the home state's licensing board or**
16 **other authority, including an action against an individual's license**
17 **such as revocation, suspension, probation, or any other action that**
18 **affects a nurse's authorization to practice.**

19 **Sec. 8. "Licensing board" means a party state's regulatory body**
20 **responsible for issuing nurse licenses.**

21 **Sec. 9. "Multistate licensure privilege" means current, official**
22 **authority from a remote state permitting the practice of nursing as**
23 **either a registered nurse or a licensed practical/vocational nurse in**
24 **that party state. All party states have the authority, in accordance**
25 **with state due process law, to take actions against the nurse's**
26 **privilege such as revocation, suspension, probation, or any other**
27 **action that affects a nurse's authorization to practice.**

28 **Sec. 10. "Nurse" means a registered nurse or licensed**
29 **practical/vocational nurse as defined by the state practice laws of**
30 **each party state.**

31 **Sec. 11. "Party state" means any state that has adopted this**
32 **compact.**

33 **Sec. 12. "Remote state" means a party state, other than the**
34 **home state:**

35 (1) where the patient is located at the time nursing care is
36 provided; or

37 (2) in the case of the practice of nursing not involving a
38 patient, in a party state where the recipient of nursing
39 practice is located.

40 **Sec. 13. "Remote state action" means:**

41 (1) any administrative, civil, equitable, or criminal action
42 permitted by a remote state's laws that are imposed on a

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nurse by the remote state's licensing board or other authority, including actions against an individual's multistate licensure privilege to practice in the remote state; and

(2) cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards of remote states.

Sec. 14. "State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

Sec. 15. "State practice laws" means the individual party state's laws and rules that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

Chapter 2. General Provisions and Jurisdiction

Sec. 1. A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal and all other applicable state laws.

Sec. 2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the

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1 courts, and the laws in that party state.

2 Sec. 4. This compact does not affect additional requirements
3 imposed by states for advanced practice registered nursing.
4 However, a multistate licensure privilege to practice registered
5 nursing granted by a party state shall be recognized by other party
6 states as a license to practice registered nursing if a license is
7 required by state law as a precondition for qualifying for advanced
8 practice registered nurse authorization.

9 Sec. 5. Individuals not residing in a party state continue to be
10 able to apply for nurse licensure as provided for under the laws of
11 each party state. However, the license granted to these individuals
12 is not recognized as granting the privilege to practice nursing in
13 any other party state unless explicitly agreed to by that party state.

14 Chapter 3. Applications for Licensure in a Party State

15 Sec. 1. Upon application for a license, the licensing board in a
16 party state shall ascertain, through the coordinated licensure
17 information system, whether the applicant has ever held, or is the
18 holder of, a license issued by any other party state, whether there
19 are any restrictions on the multistate licensure privilege, and
20 whether any other adverse action by any state has been taken
21 against the license.

22 Sec. 2. A nurse in a party state may hold licensure in only one
23 (1) party state at a time, issued by the home state.

24 Sec. 3. A nurse who intends to change primary state of residence
25 may apply for licensure in the new home state before the change.
26 However, a new license may not be issued by a party state until a
27 nurse provides evidence of change in primary state of residence
28 satisfactory to the new home state's licensing board.

29 Sec. 4. A nurse changes primary state of residence by:

- 30 (1) moving between two (2) party states, and obtains a license
31 from the new home state, the license from the former home
32 state is no longer valid;
- 33 (2) moving from a nonparty state to a party state, and obtains
34 a license from the new home state, the individual state license
35 issued by the nonparty state is not affected and remains in
36 force if provided by the laws of the nonparty state; or
- 37 (3) moving from a party state to a nonparty state, the license
38 issued by the prior home state converts to an individual state
39 license, valid only in the former home state, without the
40 multistate licensure privilege to practice in other party states.

41 Chapter 4. Adverse Actions

42 Sec. 1. This chapter applies in addition to IC 25-23.2-2.

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1 **Sec. 2.** The licensing board of a remote state shall promptly
 2 report to the administrator of the coordinated licensure
 3 information system any remote state actions, including the factual
 4 and legal basis for such action if known. The licensing board of a
 5 remote state shall promptly report any significant current
 6 investigative information yet to result in a remote state action. The
 7 administrator of the coordinated licensure information system
 8 shall promptly notify the home state of any such reports.

9 **Sec. 3.** The licensing board of a party state has authority to
 10 complete any pending investigations for a nurse who changes
 11 primary state of residence during the course of such investigations.
 12 The licensing board also has authority to take appropriate action
 13 and shall promptly report the conclusions of such investigations to
 14 the administrator of the coordinated licensure information system.
 15 The administrator of the coordinated licensure information system
 16 shall promptly notify the new home state of any such actions.

17 **Sec. 4.** A remote state may take adverse action affecting the
 18 multistate licensure privilege to practice within that party state.
 19 However, only the home state has authority to impose adverse
 20 action against the license issued by the home state.

21 **Sec. 5.** For purposes of imposing adverse action, the licensing
 22 board of the home state shall give the same priority and effect to
 23 reported conduct received from a remote state as it would if such
 24 conduct had occurred within the home state. In so doing, it shall
 25 apply its own state laws to determine appropriate action.

26 **Sec. 6.** The home state may take adverse action based on the
 27 factual findings of the remote state, so long as each state follows its
 28 own procedures for imposing such adverse action.

29 **Sec. 7.** Nothing in this compact overrides a party state's decision
 30 that participation in an alternative program may be used instead
 31 of licensure action and that such participation shall remain
 32 nonpublic if required by the party state's laws. Party states must
 33 require nurses who enter any alternative programs to agree not to
 34 practice in any other party state during the term of the alternative
 35 program without prior authorization from the other party state.

36 **Chapter 5. Additional Authority Invested in Party State Nurse** 37 **Licensing Boards**

38 **Sec. 1.** Notwithstanding any other powers, party state nurse
 39 licensing boards may:

- 40 (1) if otherwise permitted by state law, recover from the
- 41 affected nurse the costs of investigations and disposition of
- 42 cases resulting from any adverse action taken against that

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nurse;

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and the production of evidence from another party state shall be enforced in the latter state by any court with jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and evidence are located;

(3) issue cease and desist orders to limit or revoke a nurse's authority to practice in their state; and

(4) adopt uniform rules as provided for in IC 25-23.2-7-3.

Chapter 6. Coordinated Licensure Information System

Sec. 1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system includes information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

Sec. 2. Notwithstanding any other law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

Sec. 3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

Sec. 4. Notwithstanding any other law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

Sec. 5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent

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permitted by the laws of the party state contributing the information.

Sec. 6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

Sec. 7. The compact administrators, acting jointly and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

Chapter 7. Compact Administration and Interchange of Information

Sec. 1. The head of the nurse licensing board of each party state, or that person's designee, shall be the administrator of this compact for that person's state.

Sec. 2. The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information, to facilitate the administration of this compact.

Sec. 3. Compact administrators may develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states under IC 25-23.2-5.

Chapter 8. Immunity

Sec. 1. Neither a party state nor an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with this compact is liable on account of any act or omission in good faith while engaged in the performance of duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

Chapter 9. Entry Into Force, Withdrawal, and Amendment

Sec. 1. This compact becomes effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the compact, but no such withdrawal takes effect until six (6) months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

Sec. 2. No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any

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1 report of adverse action occurring before the withdrawal.

2 Sec. 3. This compact shall not be construed to invalidate or
3 prevent any nurse licensure agreement or other cooperative
4 arrangement between a party state and a nonparty state that is
5 made in accordance with this compact.

6 Sec. 4. This compact may be amended by the party states. No
7 amendment to this compact becomes effective and binding upon
8 the party states unless and until it is enacted into the laws of all
9 party states.

10 Chapter 10. Construction and Severability

11 Sec. 1. This compact shall be liberally construed to effectuate its
12 purposes. The provisions of this compact are severable and if any
13 phrase, clause, sentence, or provision of this compact is declared to
14 be contrary to the constitution of any party state or of the United
15 States or if the applicability of this compact to any government,
16 agency, person, or circumstance is held invalid, the validity of the
17 remainder of this compact and the applicability of this compact to
18 any government, agency, person, or circumstance is not affected
19 thereby. If this compact is held contrary to the constitution of any
20 state party thereto, the compact remains in full force and effect as
21 to the remaining party states and in full force and effect as to the
22 party state affected as to a severable matter.

23 Sec. 2. If party states find a need for settling disputes arising
24 under this compact:

25 (1) the party states may submit the issues in dispute to an
26 arbitration panel comprised of an individual appointed by the
27 compact administrator in the home state, an individual
28 appointed by the compact administrator in each remote state
29 involved, and an individual mutually agreed upon by the
30 compact administrators of all the party states involved in the
31 dispute; and

32 (2) the decision of a majority of the arbitrators is final and
33 binding.

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